

Exhibit 10.5

Administrative Claim Request Form

Administrative Claim Request Form

All Plan Exhibits are subject to all of the provisions of the Joint Plan of Reorganization of Delphi Corporation and Its Affiliated Debtors and Debtors-in-Possession (Docket No. \_\_\_\_\_) (as subsequently modified or amended, the "Plan"), including, without limitation, Article 14.3, under which the Debtors have reserved the right to alter, amend or modify the Plan or any Exhibits thereto under § 1127(a) of the Bankruptcy Code at any time on or prior to the Confirmation Date.

<div>United States Bankruptcy Court</div> <div>Southern District of New York</div> <div>Delphi Corporation et al. Claims Processing</div> <div>c/o Kurtzman Carson Consultants LLC, 2335 Alaska Avenue</div> <div>El Segundo, California 90245</div>		<div>Administrative</div> <div>Expense Claim</div> <div>Request</div>			
Debtor against which claim is asserted : Delphi Corporation, et al. 05-444481		Case Name and Number In re Delphi Corporation., et al. 05-44481 Chapter 11, Jointly Administered			
NOTE: This form should not be used to make a claim in connection with a request for payment for goods or services provided to the Debtors prior to the commencement of the case. This Administrative Expense Claim Request form is to be used solely in connection with a request for payment of an administrative expense arising after commencement of the case pursuant to 11 U.S.C. § 503.					
Name of Creditor (The person or other entity to whom the debtor owes money or property)		<div><input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</div> <div><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.</div> <div><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.</div>		THIS SPACE IS FOR COURT USE ONLY	
Name and Address Where Notices Should be Sent					
Telephone No.					
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____			
1. BASIS FOR CLAIM <div><div><input type="checkbox"/> Goods sold</div><div><input type="checkbox"/> Services performed</div><div><input type="checkbox"/> Money loaned</div><div><input type="checkbox"/> Personal injury/wrongful death</div><div><input type="checkbox"/> Taxes</div><div><input type="checkbox"/> Other (Describe briefly)</div></div> <div><div><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)</div><div><input type="checkbox"/> Wages, salaries, and compensation (Fill out below)</div><div>Your social security number _____</div><div>Unpaid compensation for services performed</div><div>from _____ to _____</div><div>(date) (date)</div></div>					
2. DATE DEBT WAS INCURRED		3. IF COURT JUDGMENT, DATE OBTAINED:			
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ _____ <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.					
5. Brief Description of Claim (attach any additional information):					
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.				THIS SPACE IS FOR COURT USE ONLY	
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Any attachment must be 8-1/2" by 11".					
8. DATE-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.					
Date		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)			

## INSTRUCTIONS FOR FILING ADMINISTRATIVE EXPENSE CLAIM

*The instructions below are general explanations of the law. In particular types of cases or circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, there may be exceptions to the general rules.*

### “DEFINITIONS”

#### **DEBTORS**

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

#### **CREDITOR**

A creditor is any person, corporation, or other entity to whom the debtor owes a debt.

#### **ADMINISTRATIVE EXPENSE CLAIM**

Any right to payment constituting a cost or expense of administration of any of the Chapter 11 Cases (other than a DIP Facility Claim, Professional Claim) Allowed under sections 503(b) or 114(e)(2) and entitled to priority pursuant to 507(a)(1) of the Bankruptcy Code, including, without limitation; (a) any actual and necessary costs and expenses incurred after the Petition Date of preserving the Debtors' Estates and operating the businesses of the Debtors and Claims of governmental units for taxes (including tax audit Claims related to tax years commencing after the Petition Date, but excluding Claims relating to tax periods, or portions thereof, ending on or prior to the Petition Date); (b) compensation for legal, financial advisory accounting and other services and reimbursement of expenses Allowed by the Bankruptcy Court under sections 328, 330, 331 and/or 503 of the Bankruptcy Code to the extent incurred prior to the Effective Date; and (c) all fees or charges assessed against one or more of the Estates under section 1930 of chapter 123 of title 28 of the United States Code.

#### **ADMINISTRATIVE BAR DATE**

Pursuant to section [●] of the Plan and paragraph [●] of the Confirmation Order, all requests for payment of an Administrative Claim that has arisen between October [●], 2005 and [●], 2007 must be filed no later than [●], 2007.

#### **Items to be completed in Administrative Expense Claim form (if not already filled in):**

#### **Information about Creditor:**

Complete the section giving the name, address, and telephone number of the creditor to whom the Debtors owe money or property, and the Debtors' account number(s), if any. If anyone else has already filed an Administrative Expense Claim form relating to this debt, if you never received notices from the bankruptcy court about this case, if your address differs from that to which the court sent notice, or if this Administrative Expense Claim form replaces or changes an Administrative Expense Claim form that was already filed, check the appropriate box on the form.

#### **1. Basis for Claim:**

Check the type of debt for which the Administrative Expense Claim form is being filed. If the type of debt is not listed, check “Other” and briefly describe the type of debt. If you were an employee of the Debtors, fill in your social security number and the dates of work for which you were not paid.

#### **2. Date Debt Incurred:**

Fill in the date when the Debtors first owed the debt.

#### **3. Court Judgments:**

If you have a court judgment for this debt, state the date the court entered the judgment.

#### **4. Total Amount of Administrative Claim:**

Fill in the total amount of the entire Claim. If interest or other charges in addition to the principal amount of the Claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.

#### **5. Brief Description of Claim:**

Describe the Administrative Expense Claim including, but not limited to, the actual and necessary costs and expenses of operating one or more of the Debtors' Estates or any actual and necessary costs and expenses of operating one or more of the Debtors' businesses.

#### **6. Credits and Setoffs:**

By signing this Administrative Expense Claim form, you are stating under oath that in calculating the amount of your Claim you have given the Debtors credit for all payments received from the Debtors.

#### **7. Supporting Documents:**

You must attach to this Administrative Expense Claim form copies of documents that show the Debtors owe the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not available you must attach an explanation of why they are not available.

#### **8. Date-Stamped Copy:**

To receive an acknowledgement of the filing of your Claim, enclose a stamped, self-addressed envelope and copy of this Administrative Expense Claim form.

*Penalty for presenting fraudulent claim:* Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.